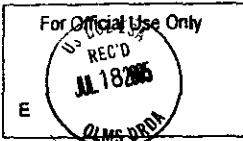


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3273</u>	2. Fiscal Year Covered From: <u>1</u> / <u>01</u> / <u>01</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Fredric T Grant</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 238</u> Street _____ City <u>Amiens</u> State <u>IL</u> ZIP Code + 4 <u>62613</u>	4. Name, file number, and address of labor organization. Name <u>Operative National @ Chicago Union</u> Labor Organization File Number <u>570750</u> P.O. Box, Building and Room Number, if any <u>Suite 6A</u> Street <u>40 Adolph Lane</u> City <u>Springfield</u> State <u>IL</u> ZIP Code + 4 <u>62763</u>
5. Position in labor organization. <u>Business Agent / Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Fredric T Grant

On

Date

Telephone Number

Name of Person Filing	File Number U- <u>3273</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>Trade Name, if any: <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 6A</u></p> <p>Street <u>40 ADOLF LANE</u></p> <p>City <u>SPRINGFIELD</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>62703</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>Trade Name, if any: <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>P.O. Box, Bldg., Room No., if any <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>Street <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>City <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>State <u>OPARDA PLASTER &amp; CONCRETE</u> ZIP Code + 4 <u>OPARDA PLASTER &amp; CONCRETE</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>11.b. Approximate dollar value of such dealing. <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>12.b. Amount. <u>OPARDA PLASTER &amp; CONCRETE</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>Trade Name, if any: <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>P.O. Box, Bldg., Room No., if any <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>Street <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>City <u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>State <u>OPARDA PLASTER &amp; CONCRETE</u> ZIP Code + 4 <u>OPARDA PLASTER &amp; CONCRETE</u></p>	<p>14.a. Nature of payment.</p> <p><u>OPARDA PLASTER &amp; CONCRETE</u></p> <p>14.b. Amount of payment. <u>OPARDA PLASTER &amp; CONCRETE</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

## SECTION B REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child: (a) work for any employer or business which provides goods or services to the union, or (b) work for any related trust? YES **NO**

*(If YES to either (a) or (b), report the employment and the annual earnings received by you, your spouse or minor child. If NO, go to Question 2.)*

2. Is there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES **NO**

*(If YES, report these details in Section B. If NO, go to Question 3.)*

3. Did you, your spouse or minor child receive anything of value from any employer or business which provides services or goods to the union or from any related trust? YES **NO**

*(If YES, report this transaction in Section B. If NO, go to Question 4.)*

4. Are you, your spouse or minor child a trustee on any union related trust fund? **YES** NO

*(If YES, go to Question 5. If NO, go to Question 6.)*

5. Did you, your spouse or minor child receive anything of value from this trust, including legitimate reimbursed business expenses? YES **NO**

*(If YES, report this transaction in Section B. If NO, go to Question 6. NOTE: If all expense reimbursements were paid to you by a union you do not have a reportable transaction.)*

6. Do you, your spouse or minor child own any portion of any type of business that provides goods or services to the union or any related trust, and a "substantial part" of your business' revenues comes from the union and/or the trust? YES **NO**

*(If YES, report the amount of payments and benefits you, your spouse or minor child received from your business in Section B. NOTE: The DOL has not defined a "substantial part". We recommend either reporting all transaction associated with the union or trust and/or reporting transactions that exceed 50% of your business revenues. You must also report the percentage of the business that you, your spouse or minor child own. If NO, go to Question 7.)*

7. Do you, your spouse or minor child own any portion of any type of business and that business receives a "substantial part" of its revenues from a signatory employer? YES **NO**

*(If YES, you must report the total amount received by you, your spouse or minor child from your business and the percentage of the business that you, your spouse or minor child own.)*

## SECTION C REPORTABLE TRANSACTIONS

1. Do you, your spouse or minor child work for ANY employer (not listed in Sections A or B) other than a union? YES NO

*(If YES, go to Question 2. If NO, go to Question 3.)*

2. Are there any special perks or employment benefits associated with this employer that are provided to you, your spouse or minor child due to your position as a union officer/employee? YES NO

*(If YES, report these details in Section C. If NO, go to Question 3.)*

3. Did you, your spouse or minor child receive anything of value from any employers (not listed in Sections A or B) due to your position as a union officer or employee? YES NO

*(If YES, report this transaction in Section C. If NO, go to Question 4.)*

4. Have you, your spouse or minor child ever been a candidate for public office and did you receive contributions to your campaign efforts from ANY employer? (including unrelated employers!) YES NO

*(If YES, you must report the amount received in Section C. If NO, go to Question 5.)*

5. Do you, your spouse or minor child own any portion or any type of business and did you receive anything of value from any employer NOT in the industry organized by your union? YES NO

*(If YES, you must still report this transaction in Section C, even though the employer is not even in your industry!)*